

Massachusetts Department of Environmental Protection Bureau of Resource Protection - Title 5 Permitting

BRP WP 59b DEP Approval of Variance Granted by Board of Health

Instructions and Supporting Materials

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Introduction

DEP *Permit Applications*, as well as *Instructions & Support Materials*, are available for download from the DEP Web site at <u>mass.gov/dep</u> in two file formats: Microsoft Word™ and Adobe Acrobat PDF™. Either format allows documents to be printed.

Instructions & Support Materials files in Microsoft Word[™] format contain a series of documents that provide guidance on how to prepare a permit application. Although we recommend that you print out the entire package, you may choose to print specific documents by selecting the appropriate page numbers for printing.

Permit Applications in Microsoft Word[™] format must be downloaded separately. Users with Microsoft Word[™] 97 or later may complete these forms electronically.

Permitting packages in Adobe Acrobat PDF™ format combine *Permit Applications* and *Instructions & Support Materials* in a single document. Adobe Acrobat PDF™ files may only be viewed and printed without alteration. *Permit Applications* in this format may not be completed electronically.



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Note: When completing the DEP Transmittal Form, write the "b" immediately after the space provided for the seven digit character code at the top of the Form.

1. What is the purpose of DEP approval or issuance of a Title 5 variance?

DEP approval or issuance of variances is necessary to ensure, generally, that the applicant has demonstrated that the proposed system for disposal of sanitary sewage can maintain a level of environmental protection at least equivalent to the requirements of Title 5, without strict application of the specific provision(s) from which a variance is sought, and that enforcement of the provision would be manifestly unjust.

This application is for review and approval of Title 5 variance requests only, and does not apply to any local bylaws. BRP WP 59b is to be used for applications in which variance approval by the local approving authority is required prior to submittal to DEP, with the exception of a variance for increased flow to an existing system. BRP WP 59c is to be used for applications for increased flow to an existing system.

You must obtain approval from DEP for these activities:

- Variances granted by the Board of Health pursuant to 310 CMR 15.000, with the exception of those listed in 3210 CMR 15.412(4), for which no DEP approval is required.
- Variance from a provision of Title 5 which only DEP may grant pursuant to 310 CMR15.414.
- Variance for increased flow to large systems or to systems which, with the increase in flow, will have a
 design flow of 10,000 14,999 gallons per day, pursuant to 310 CMR 15.006 and 15.414.

2. Who must apply?

Anyone proposing to obtain a variance(s) from 310 CMR 15.000, other than for increased flow, a variance listed in 310 CMR 15.412(4), a variance for schools pursuant to 310 CMR 15.416, or a variance from percolation rate pursuant to 310 CMR 15.417, must apply for BRP WP 59b.

Note that anyone proposing to obtain a variance under 310 CMR 15.414 for increased flow to an existing system must use a different form: BRP WP 59c.

If these categories do not apply to you, please be advised these are not the only permit or variance categories for Title 5 on-site sewage disposal systems. Please review the Timely Action Schedule and Fee Provisions, 310 CMR 4.00 and Title 5 of the State Environmental Code, 310 CMR 15.000 to determine whether another category may apply to you.

3. What other requirements should be considered when applying for a variance?

 Variances to Title 5 for schools, reviewed and approved by the Department pursuant to 310 CMR 15.416, require an application under BRP WP 60. Do not use the BRP WP 59b application form for such variance requests.



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Variances for increased flow to a large system or to a system that would result in a design flow of 10,000 gpd or greater do not require prior written approval by the Board of Health under Title 5.

4. What is the application fee?

The application fee is \$230.

5. What is the Primary Permit Location? What is the Reserve Copy Location?

Primary Permit Locations:

Department of Environmental
____* Regional Office
Title Permitting Program

6. What are the timelines?

AC T1 T2*

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There is no public comment review period as part of the Department's application process for these categories.

7. What is the annual compliance fee?

There is no annual compliance fee for this category.

8. How long is the variance in effect?

This approval remains in effect as long as the system and facility served remain unchanged or until the approval is revoked or modified.

9. How can I avoid the most common mistakes made in applying for a variance?

- a. Review the application for completeness to be sure all questions are answered correctly.
- b. Make sure the adequate number of copies of plans and specifications are complete and signed and stamped by a Massachusetts Registered Sanitarian or Professional Engineer, whichever is appropriate.
- c. Attach a copy of the written variance granted by the Board of Health.
- d. Submit fee and a copy of the DEP Transmittal Form to: Department of Environmental Protection, P. O. Box 4062, Boston, MA 02211.

^{*}See the list of addresses for DEP Regional Offices. *There are no Reserve Copy Locations for these permits.*

^{*(}A second technical review will be conducted only if necessary).



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10. What are the regulations that apply to variances? Where can I get copies?

These regulations include, but are not limited to:

a. Title 5 Regulations, 310 CMR 15.000.b. Timely Action Schedule and Fee Provisions, 310 CMR 4.00.These may be purchased at:

State House Bookstore Room 116 Boston, MA 02133 617-727-2834 State Bookstore 436 Dwight Street, Room 102 Springfield, MA 01103 413-784-1376

DEP Regulations also may be obtained from DEP's web site at www.mass.gov/dep.



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Application Completeness Checklist

To su	bmit a B	RP WP 59b Application, complete the steps outlined below:
1.		The DEP Transmittal Form is completed. When completing the Transmittal Form, write the "b" immediately after the space provided for the seven-digit character code at the top of the Form.
2.		A DEP application form has been completed. The following information has been provided:
3.		Name and address of applicant and system/facility owner.
4.		Location (address) of facility and system.
5.		Name, address and telephone number of design engineer or sanitarian.
6.		Two (2) complete sets of plans and specifications (4 for Springfield office filings) have been properly signed and stamped by a Massachusetts Registered Professional Engineer or Massachusetts Registered Sanitarian, whichever is appropriate.
7.		A copy of a signed letter from the Board of Health granting the requested variance(s), if applicable.
8.		Copy and proof of notification to abutters if required by 310 CMR 15.411 is included.
To su	bmit the	application package:
		Checklist items have been completed.
		Send two (2) copies of the application along with the <i>original</i> DEP Transmittal Form to:
		Department of Environmental Protection* Regional Office Title 5 Permitting Program *See list of addresses for DEP Regional Offices.
		Send fee of \$230 in the form of a check or money order made payable to <i>Commonwealth of Massachusetts</i> , along with a <i>copy</i> of the DEP Transmittal Form to:
		Department of Environmental Protection P.O. Box 4062 Boston, MA 02211



Addresses and Phone Numbers

DEP Boston One Winter Street Boston, MA 02108 Telephone: (617) 292-5500 Fax: (617) 556-1049 TDD: (617) 574-6868

William X. Wall Experiment Station 37 Shattuck Street Lawrence, MA 01843 Fax: (978) 688-0352 Division of Environmental Analysis

Telephone: (978) 682-5237 Air Quality Surveillance Telephone: (978) 975-1138 Office of Watershed Management 627 Main Street Worcester, MA 01608

Telephone: (508) 792-7470 Fax: (508) 839-3469

DEP Western Region 436 Dwight Street Suite 402

Springfield, MA 01103 Phone: (413) 784-1100 Fax: (413) 784-1149



Adams Agawam Alford Amherst Ashfield Becket Belchertown Bernardston Blandford Brimfield Buckland Charlemont Cheshire Chester Chesterfield

Chicopee

Clarksburg

Colrain Conway Cummington Dalton Deerfield Easthampton East Longmeadow Egremont Ervina Florida Gill Goshen Granby Granville

Lee Lenox Leverett Levden Great Barrington Longmeadow Greenfield Ludlow Middlefield Hadley

Hampden

Hancock

Hatfield

Hawley

Hinsdale

Holland

Holyoke

Huntington

Lanesborough

Heath

Monroe Montague Monterey Montgomery Monson Mount Washington New Ashford New Marlborough New Salem North Adams Northampton Northfield Orange Otis Palmer Pelham Peru

Pittsfield Plainfield Richmond Rowe Russell Sandisfield Savoy Sheffield Shelburne Shutesbury Southampton South Hadley Southwick Springfield Stockbridge Sunderland Tolland

Tyringham Wales Ware Warwick Washington Wendell Westfield Westhampton West Springfield West Stockbridge Whately Wilbraham Williamsburg Williamstown Windsor Worthington

DEP Central Region 627 Main Street Worcester, MA 01608 Phone: (508) 792-7650 Fax: (508) 792-7621 TDD: (508) 767-2788



Acton Ashburnham Ashby Athol Auburn Ayer Barre Bellingham Blackstone Bolton Boxborough Boylston

Brookfield

Charlton Clinton Douglas Dudley Dunstable East Brookfield Fitchburg Gardner Grafton Groton Harvard Hardwick Holden Hopedale

Hopkinton Hubbardston Hudson Holliston Lancaster Leicester Leominster Littleton Lunenburg Marlborough Maynard Medway Mendor

Millbury Millville New Braintree Northborough Northbridge North Brookfield Oakham Oxford Paxton Pepperell Petersham Phillipston Princeton Royalston

Rutland Shirley Shrewsbury Southborough Southbridge Spencer Sterling Stow Sturbridge Sutton Templeton Townsend Tyngsborough Upton

Uxbridge Warren Webster Westborough West Boylston West Brookfield Westford Westminster Winchendon Worcester

DEP Southeast Region 20 Riverside Drive Lakeville, MA 02347 Phone: (508) 946-2700 Fax: (508) 947-6557



Abington Acushnet Attleboro Avon Barnstable Berkley Bourne Brewster Bridgewater Brockton Carver Chatham Chilmark

Dartmouth Dennis Dighton Duxbury Eastham East Bridgewater Easton Edgartown Fairhaven Fall River Falmouth Foxborough Franklin

Freetown Gay Head Gosnold Halifax Hanover Hanson Harwich Kingston Lakeville Mansfield Marion Marshfield Mashpee

Mattapoisett Middleborough Nantucket New Bedford North Attleborough Norton Norwell Oak Bluffs Orleans Pembroke Plainville Plymouth Plympton

Merrimac

Methuen

Provincetown Ravnham Rehoboth Rocheste Rockland Sandwich Scituate Seekonk Sharon Somerset Stoughton Swansea Taunton

Tisbury Truro Wareham Wellfleet West Bridgewater Westport West Tisbury Whitman Wrentham Yarmouth

DEP Northeast Region One Winter Street Boston, MA 02108 Telephone: (617) 654-6500 Fax: (617) 556-1049 TDD: (617) 574-6868



Amesbury Andover Arlington Ashland Bedford Belmont Beverly Billerica **Boxford** Braintree Brookline Burlington Cambridge Canton Carlisle

Chelmsford Chelsea Cohasset Concord Danvers Dedham Dover Dracut Essex Everett Framingham Georgetown Gloucester Groveland Hamilton Haverhil

Hingham Holbrook Hull Ipswich Lawrence Lexington Lincoln Lowell Lynn Lynnfield Malden Marblehead

Middleton Millis Milton Nahant Natick Needham Newbury Newburyport Newton Manchester-By-The-Sea Norfolk North Andover North Reading Medford Norwood Melrose Peabody

Quincy Randolph Reading Revere Rockport Rowley Salem Salisbury Saugus Sherborn Somerville Stoneham Sudbury Swampscott Tewksbury Topsfield

Wakefield Walpole Waltham Watertown Wavland Wellesley Wenham West Newbury Weston Westwood Weymouth Wilmington Winchester Winthrop Woburn



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BRP WP 59b DEP Approval of Variance Granted by Board of Health

Transmittal #	
Facility ID (if known)	

Please read the Instructions and Supporting Materials before filling out this form.

This permit application is necessary for all variances granted by Board of Health, except variances for increased flow to existing systems.

A. General Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return





1. App	plicant:			
Nam	ne			
Stre	eet Address			
City	/Town	State	Zip Code	
Tele	ephone			
2. Fac	cility/Proposed System Address (if diffe	erent from Applicant):		
Add	Iress			
City	r/Town	State	Zip Code	
	System Designer Information (Registered Sanitarian (RS) or Professional Engineer (PE) for systems under 2,000 gallons per day; PE for systems 2,000 gallons or more per day):			
Nam	ne	Name of Company		
Add	Iress			
City	/Town	State	Zip Code	
Tele	ephone			
4. Re	gistration:			
Mas	ssachusetts Registered P.E.			
Mas	ssachusetts Registered Sanitarian			
Rea	gistration Number			

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Transmittal #	
Facility ID (if known)	

Δ	General Info	rmation (cont.)					
5.	General Information (cont.) Is the proposed system part of a project requiring a filing under 301 CMR 11.00, the Massachusetts Environmental Policy Act? ☐ Yes ☐ No						
	If yes, has a filing	been made?		Yes	☐ No		
	If yes, EOEA File #						
6.	The legal entity the	at owns or will own this	facility is:				
	☐ Individual	☐ Municipality	☐ Priv	ate Partne	rship		
	Federal	☐ State/Country	☐ Corp	ooration			
	Other						
	Specify						
	Name						
	Address						
	Telephone						
7.	Two complete sets of plans and specifications, (four for submittals to the Springfield Office), including a locus map, properly stamped and signed by a Massachusetts Registered Professional Engineer or Massachusetts Registered Sanitarian, must accompany the application.						
	Are plans and spe	ecifications attached?		☐ Yes		□No	
8.	☐ Variance(s) from the following Title 5 provision(s) is/are being sought:						
	_						
9.	A letter of approva system, must be a	al for the variance, issue attached.	ed by the E	Board of He	ealth havi	ng jurisdiction	over the
	Is the approval let	ter attached?		☐ Yes		□No	

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۷.	General Information (cont.)
0.	If applying for approval of a variance that requires notification of abutters under 310 CMR 15.411, a copy of the notification sent to the abutters and proof of notice must accompany this application.
	Is a copy and proof of the notification attached?
1.	In accordance with 310 CMR 15.410, the applicant must establish that the strict enforcement of the provision of the Code for which the variance is being sought would be manifestly unjust and that a level of environmental protection that is at least equivalent to that provided under the Code can be achieved without strict application of the particular provision.
	Is documentation in support of meeting these requirements attached?
	☐ Yes ☐ No
	You must complete the following:
	a) I have established that enforcement of the provision from which a variance is sought would be manifestly unjust, considering all of the relevant facts and circumstance of this case, as follows (attach additional sheets if necessary):
	b) I have established that a level of environmental protection that is at least equivalent to that provided under 310 CMR 15.000 can be achieved without strict application of the provision(s) from which I am seeking a variance, as follows (attach additional sheets if necessary):

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Granica by Boara o	· · · · · · · · · · · · · · · · · · ·
A. General Information (cont.)	
12. Is the variance requested for new construction a 15.002?	s "new construction" is defined in 310 CMR
☐ Yes ☐ No	
If yes, you must complete the following:	
I have established that enforcement of the provise deprive me of substantially all beneficial use of t	
13. Is a copy of the complete application that was su	ubmitted to the Board of Health attached?
☐ Yes ☐ No	
B. Certification	
"I certify under penalty of law that this document and all attachments, to the best of my	Applicant's signature
knowledge and belief, are true, accurate, and complete. I am aware that there are significant	Print Name
penalties for submitting false information,	Name of Preparer
including the possibility of fine and imprisonmen for knowing violations."	Date

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1. App	plicant:			
Nam	ne			
Stre	eet Address			
City	/Town	State	Zip Code	
Tele	ephone			
2. Fac	cility/Proposed System Address (if diffe	erent from Applicant):		
Add	Iress			
City	r/Town	State	Zip Code	
	System Designer Information (Registered Sanitarian (RS) or Professional Engineer (PE) for systems under 2,000 gallons per day; PE for systems 2,000 gallons or more per day):			
Nam	ne	Name of Company		
Add	Iress			
City	/Town	State	Zip Code	
Tele	ephone			
4. Re	gistration:			
Mas	ssachusetts Registered P.E.			
Mas	ssachusetts Registered Sanitarian			
Rea	gistration Number			

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Δ	General Info	rmation (cont.)					
5.	General Information (cont.) Is the proposed system part of a project requiring a filing under 301 CMR 11.00, the Massachusetts Environmental Policy Act? ☐ Yes ☐ No						
	If yes, has a filing been made?			Yes	☐ No		
	If yes, EOEA File #						
6.	The legal entity that owns or will own this facility is:						
	☐ Individual ☐ Municipality ☐ Private Partnership						
	Federal	☐ State/Country	☐ Corp	ooration			
	Other						
	Specify						
	Name						
	Address						
	Telephone						
7.	Two complete sets of plans and specifications, (four for submittals to the Springfield Office), including a locus map, properly stamped and signed by a Massachusetts Registered Professional Engineer or Massachusetts Registered Sanitarian, must accompany the application.						
	Are plans and spe	ecifications attached?		☐ Yes		□No	
8.	☐ Variance(s) from the following Title 5 provision(s) is/are being sought:						
	_						
9.	A letter of approval for the variance, issued by the Board of Health having jurisdiction over the system, must be attached.						
	Is the approval let	ter attached?		☐ Yes		□No	

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	s a copy and proof of the notification attached?					
1.	n accordance with 310 CMR 15.410, the applicant must establish that the strict enforcement of the provision of the Code for which the variance is being sought would be manifestly unjust and that a level of environmental protection that is at least equivalent to that provided under the Code can be achieved without strict application of the particular provision.					
	Is documentation in support of meeting these requirements attached?					
	☐ Yes ☐ No					
	You must complete the following:					
	a) I have established that enforcement of the provision from which a variance is sought would be manifestly unjust, considering all of the relevant facts and circumstance of this case, as follows (attach additional sheets if necessary):					
	b) I have established that a level of environmental protection that is at least equivalent to that provided under 310 CMR 15.000 can be achieved without strict application of the provision(s) from which I am seeking a variance, as follows (attach additional sheets if necessary):					

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Charles by Board of Hoards							
A. General Information (cont.)							
. Is the variance requested for new construction as "new construction" is defined in 310 CMR 15.002?							
☐ Yes ☐ No							
If yes, you must complete the following:							
I have established that enforcement of the provision from which a variance is sought would deprive me of substantially all beneficial use of the subject property as follows (attach additional							
13. Is a copy of the complete application that was s	ubmitted to the Board of Health attached?						
☐ Yes ☐ No							
B. Certification							
"I certify under penalty of law that this documen and all attachments, to the best of my	t Applicant's signature						
knowledge and belief, are true, accurate, and complete. I am aware that there are significant	Print Name						
penalties for submitting false information, including the possibility of fine and imprisonmer	Name of Preparer						
for knowing violations."	Date						

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